only (n = 38), Group B: Multiple-Bilobar Hepatic (n = 66), Group C; Multiple-Bilobar Hepatic & Peritoneal Surface (n = 14).
Results: There were no statistically significant differences for age, gender, primary tumour site location, ASA grade, mode of surgery and pathological characteristics of primary tumour for three groups ($p > 0.05$). There was no significant difference in the length of survivals for Group A & B (median 14.86 Vs 15.38 months, $p = 0.216$). The median survival length for the Group C was 10.26 months but not significantly different from other two groups ($p = 0.71$).
Conclusion: Survival from peritoneal surface disease in patients undergoing non-curative resection of the primary colorectal tumour is comparable to the other subsets of advanced metastatic disease.

SURVIVAL ANALYSIS FOR GROSS DISTRIBUTION PATTERNS OF UNRESECTED LIVER METASTASES IN PATIENTS UNDERGOING RESECTION OF THE PRIMARY TUMOUR IN ADVANCED COLORECTAL CANCERS

On the behalf of Colorectal Surgeons at the Department of Colorectal Surgery, University Hospitals of Leicester NHS Trust, Muhammad Imran Aslam, Ashish Kelkar, David Sharpe, John Stuart Jameson. University Hospitals of Leicester, Leicester General Hospital, Leicester

Introduction: Approximately 20–30% of the patients with advanced colorectal cancers present with resectable liver metastases. Those with unresectable liver infiltrates are offered systemic chemotherapy after the resection of the primary tumour. We studied the survivals for gross patterns of liver metasteses in patients undergoing resection of primary tumour in advanced asymptomatic colorectal cancers.
Methods: 133 consecutive patients presenting with metastases confined to liver and undergoing resection of the primary tumour, were identified from the Leicester Colorectal Cancer database. Every patient received post-operative chemotherapy. Survivals for three patterns of liver metastases (solitary, multiple-unilobar & multiple-bilobar) were assessed with Kaplan-Meier survival analysis.
Results: There were no statistically significant differences for age, gender, primary tumour site location, ASA grade, mode of surgery and pathological characteristics of primary tumour. The Kaplan-Meier survival analysis showed significantly prolonged survivals for patients (n = 38) with multiple unilobar liver metastases compared to patients (n = 66) with multiple bilobar infiltrates (median; 17.46 Vs. 11.76 months, $P < 0.05$). There was no significant difference in the length of survivals for patients with solitary (n = 29) and multiple unilobar metastases (median, 20.8 Vs 21.6, $p > 0.21$)
Conclusions: The extent of lobar infiltration affects the survival outcome of patients with residual metastatic disease in advanced colorectal cancers.

A SINGLE CENTRE EXPERIENCE OF VACUUM DEVICES IN THE TREATMENT OF PEYRONIES DISEASE

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Introduction: There remains a paucity of evidence regarding the efficacy of medical treatment for Peyronies disease and surgical options are limited. Vacuum Tumescence/Traction Devices (VTDs) offer promising results in Phase II clinical trials of patients with stable disease in terms of correction of curvature. We conducted a retrospective study of patients in our unit who had used a VTD as treatment for Peyronies disease, with the intention of adding to the debate surrounding the optimal treatment of this condition.
Methods: Patients treated with a VTD were identified. A retrospective case note review and telephone interview was conducted. Outcome measures included; improvement of curvature and erectile dysfunction, resolution of the plaque and the ability to have penetrative intercourse.
Results: 17 patients were identified. The median age was 59 yrs and median length of treatment was 10 months (range 1–24). A subjective improvement in degree of curvature and size of plaque was noted in 71% and 65% respectively. Erectile dysfunction reduced from 53% to 6% following treatment. The inability to have penetrative intercourse was reduced from 47% to 12%.
Conclusion: Our experience appears to support the growing body of evidence that there is a role for VTD's in the treatment of Peyronies disease.

CAROTID BODY TUMOURS – A 22-YEAR NORTHERN IRISH EXPERIENCE

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Objectives: Carotid body tumours (CBTs) are rare neoplasms of the carotid bifurcation. The aim was to review patients diagnosed with CBTs and compare our experience with published evidence. Method: Retrospective review of patients who had CBTs treated at our institutions (1987–2009).
Results: 29 patients had 33 CBTs and 3 glomus intravagale tumours (GITs). 6 had bilateral CBTs (21%), with one synchronous GIT. There was 4 familial cases (15%). 26 patients underwent 30 procedures to remove 28 CBTs and 3 GITs. Pre-operative embolisation was performed twice (7%). Conventional treatment was subadventitial tumour excision (64%). A shunt was inserted to facilitate carotid reconstruction in 7 (23%) cases. The external carotid was ligated 4 times (13%). Shamblin classification; 6 grade I, 5 grade II, 9 grade III, 11 unclassified tumours. Mean tumour size; 3.72cm. Immediate complications; stroke (n = 1), tracheostomy (n = 2), haematoma (n = 2), transient cranial nerve damage (n = 8). Peri-operative mortalities; none. Late complications; pseudoaneurysm of vein graft (n = 1), stroke (n = 1), permanent cranial nerve damage (n = 9), Horner's syndrome (n = 1), vein graft occlusion (n = 1). 2 tumours were malignant. Long term tumour related mortality; 3%. Mean follow-up; 1801 days.
Conclusion: Management of CBTs remains within the remit of the vascular surgeon. Our long-term experience is comparable to other modern case series.

VALIDATION OF AN APPROACH TO LEARNING INVENTORY AND DETERMINING THE PREDOMINANT APPROACH TO LEARNING OF SPECIALIST REGISTRARS IN NEUROSURGICAL TRAINING IN THE UK

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Introduction: Three approaches to learning have been demonstrated in higher education; the deep, surface and strategic approach. A different